



Hamilton CARES Human Services

Welcome to the Application for Hamilton CARES. This program will provide economic support to Hamilton County residents who have suffered employment or business interruptions due to the COVID-19 pandemic. The program is designed to help with rent or mortgage payments. Utility bills such as electric water and gas. The program will not issue payments directly to applicants. Instead, payments will be sent directly to landlords and utility companies which must be willing to participate in this program. Landlords must be able to provide Hamilton County with completed W-9s. Read the information below, and please apply if you meet the criteria.

Due to funding constraints, the county will accept applications on a first come, first served basis beginning August 11, 2020. It will cease once the funds are depleted or no later than 4:30 PM on Thursday, October 15, 2020.

The Hamilton CARES program will provide a one-time assistance up to \$2,000. per household.

This program is not designed to assist those who were not financially impacted by COVID-19 pandemic.

The County will utilize funds provided The CARES ACT- Coronavirus Relief Fund to support this program. The rules and regulations associated under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act") will govern the use of the funds.

WARNING: Section 1001 of Title 19 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within the jurisdiction. False information may result in civil liability, and/or in criminal penalties including, but not limited to, fine or imprisonment or both.

Eligibility Requirements

- Reside full-time in Hamilton County
- Pay rent, mortgage, or utilities only for their main residence in Hamilton County, Florida
- One member of the household has lost their job or experienced a reduction in hours at work due to COVID-19. (Adult with COVID-19 impact must be the applicant)
- Be a U.S. Citizen or permanent legal resident (Adult applying for the assistance must be a U.S. Citizen or permanent legal resident)
- Willing to sign an attestation confirming your situation.

Required Documents

- Photo I.D. for the applicant (Driver's License, Passport)
- Social Security Card for the applicant, or a document from a government entity or verifiable institution that includes full social security number
- Proof of past due rent, mortgage or utility payments for the months of March – Present. (All bills had to be current in the month of Feb.)
- For rent to be paid, a completed W9 from the landlord is required.
- Documentation showing a loss of income (**only one is required**), such as:
 - ◆ Employer notice of reduced hours, furlough, or layoff due to COVID-19.
 - ◆ Two paystubs that show reduction in income, one 2020 paystub to show pay prior to March 27, 2020 and one paystub to show reduction in pay since March 27, 2020.
 - ◆ Unemployment letter showing award or other information related to COVID-19.
 - ◆ Any other document that shows a reduction of income related to COVID-19.
- Proof of Hamilton County Residency (**one from below**)
 - ◆ Driver's License
 - ◆ Proof of Homestead Exemption
 - ◆ Vehicle registration
 - ◆ Recent water, electric, gas, telephone, or other utility bills in the name of the applicant indicating a current address within Hamilton County.
 - ◆ Bank statement

The grant is first come first serve. Applications will be accepted beginning on Tuesday, August 11, 2020. It will cease once the funds are depleted or no later than Thursday, October 15, 2020 at 4:30 PM.

Applications will be processed from 8:30 a.m. – 4:30 p.m., Tuesday and Thursday.

You can call 386-855-3608 or 386-855-3609 for more information or for help applying. Call volumes will be higher than usual during the application window. Once your signed forms and residency documentation have been received, you will receive a message confirming the status of your application. Upon approval, all payments will go directly to the eligible utility, mortgage lender or landlord. You **WILL NOT** receive a direct payment.

Please note: Assistance requests will be processed as quickly as possible. Due to the widespread impact of the pandemic on our local community, we anticipate a high volume of requests. Please do not call to check on the status of your request as this will slow down our process of approving and distributing assistance.

You may submit your application by one of the following:

- 1. Drop off at the Hamilton County Coordinator’s Office located in the Hamilton Co. Courthouse Annex at 1153 US Hwy 41 NW (old High School)**
- 2. Email to: hamiltoncares@hamiltoneoc.com**
- 3. Mail to: Hamilton County Board of County Commissioners
Attn. HAMILTON Cares
1153 US Hwy 41 NW
Jasper, FL 32052**
- 4. Upload through the Hamilton County Website at <https://hamiltoncountyfl.com/>
Beginning Tuesday, August 11, 2020 at 08:30 am.**

Applicant Information							
First Name:				Last Name:			
Last four digits of Social Security Number:							
Address Line 1:							
Address Line:2							
City:			State:			Zip Code:	
Email:							
Phone:				Other Phone:			
Date of Birth:			Gender:	Male		Female	
Marital Status:	Married	Divorced	Separated	Single	Widowed		

Household Members (Include Applicant)			
(2) Other Household Member:			
Relationship to Applicant:		Date of Birth:	Age:
(3) Other Household Member:			
Relationship to Applicant:		Date of Birth:	Age:
(4) Other Household Member:			
Relationship to Applicant:		Date of Birth:	Age:
(5) Other Household Member:			
Relationship to Applicant:		Date of Birth:	Age:
(6) Other Household Member:			
Relationship to Applicant:		Date of Birth:	Age:
Total Number of Household Members:			

Income Declaration Form	
(1) Household Member:	Income Source:
Monthly Income Amount: \$	
(2) Household Member:	Income Source:
Monthly Income Amount: \$	
(3) Household Member:	Income Source:
Monthly Income Amount: \$	
(4) Household Member:	Income Source:
Monthly Income Amount: \$	

(5) Household Member:	Income Source:
Monthly Income Amount: \$	
(6) Household Member:	Income Source:
Monthly Income Amount: \$	
Total Monthly Household Income*	

I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of assistance. The information provided is subject to verification by the county or eligible municipality.

Signature: _____ Dated: _____

Hardship Affidavit			
Date the Hardship Occurred:			
Please provide a brief and clear description of the hardship.			
Was the household's gross monthly income PRIOR to the COVID-19 a hardship?		Yes	No
What is the household's CURRENT gross monthly income?			

Instructions:

1. Choose from the list of eligible expense types. You may choose more than one. The expenses must be for payments due beginning on March 1, 2020 and onward. Documentation to support the expenses listed below must be provided. Examples of documentation include past due rental notice, mortgage statement, water statement, electric statement, gas statement.
2. Enter the regular monthly payment for the eligible expense.
3. Indicate the months you are needing assistance for.
4. Provide a total amount due for the expense.

Example:

Expense Type	Payment Amount	Past Due Dates	Total Amount Due
Rental Payment	\$850.00	May 2020-June 2020	\$900.00

I (We) have experienced financial hardship caused by the COVID-19 pandemic, and my (our) household is unable to meet the financial obligations. I (We) need assistance with the following eligible program expenses:

Expense Type	Payment Amount	Past Due Dates	Total Amount Due

Homeowner(s) must provide written documentation in support of the claim of financial hardship related to COVID-19. The types of documentation that are acceptable include, but are not limited to, a letter or notice from employer, establishing proof of reduction in work hours or proof of employer/business shut down due to COVID19, medical documentation, etc. If you are self-employed, you will need to provide proof of self-employment including most recent federal income tax returns and a signed explanation of the hardship, as well as a year to date profit and loss statement.

Contact information for previous/current employer			
First Name:		Last Name:	
Address Line 1:			
Address Line 2:			
City:	State:	Zip:	Phone Number:
First Name:		Last Name:	
Address Line 1:			
Address Line 2:			
City:	State:	Zip:	Phone Number:

My (Our) ability to pay the household expenses listed above has been negatively affected by the COVID-19 virus for the following reasons (check all the apply).

<input type="checkbox"/>	My hours were reduced due to COVID-19.
<input type="checkbox"/>	My employer went out of business due to COVID-19.
<input type="checkbox"/>	I was laid off or terminated due to COVID-19
<input type="checkbox"/>	Other:

I swear or affirm that the answers are true and reflect my current finances and status regarding COVID-19. I understand that a material misstatement fraudulently or negligently made in this affidavit or any other statement made by me (us) in connection with an application for assistance may constitute a federal violation punishable by a fine and/or denial of my (our) application for assistance. I authorize Hamilton County to obtain records of information pertaining to my financial or employment status from any source in order to verify the information provided by me.

Signature: _____

Duplication of Benefits Information		
Have you received assistance from any other source for your COVID -19 related hardship?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
If yes, please provide the agency name and phone number, as well as the amount of assistance you received.		
Agency Name:	Phone:	Amount of Assistance:
Agency Name:	Phone:	Amount of Assistance:

Make sure to attach required proof of documentation